

# LEAD HAZARD EVALUATION REPORT

**Section 1—Date of Lead Hazard Evaluation****Section 2—Type of Lead Hazard Evaluation** (Check one box only)

☐ Lead inspection      ☐ Risk assessment      ☐ Clearance inspection      ☐ Other (specify) \_\_\_\_\_

**Section 3—Structure Where Lead Hazard Evaluation Was Conducted**

Address [number, street, apartment (if applicable)]	City	County	ZIP code
Construction date (year) of structure	Type of structure (check one box only) <input type="checkbox"/> Single family dwelling <input type="checkbox"/> Multi-unit building <input type="checkbox"/> Child-occupied facility <input type="checkbox"/> Other (specify) _____		

**Section 4—Owner of Structure** (If business/agency, list contact person)

Name	Telephone number (      )		
Address [number, street, apartment (if applicable)]	City	State	ZIP code

**Section 5—Results of Lead Hazard Evaluation** (Check one box only)☐ **No lead-based paint detected.**

A lead inspection was conducted following the procedures outlined in Title 17, California Code of Regulations, Division 1, Chapter 8. No lead-based paint was detected during this lead inspection. This structure is found to be lead-based paint free.

☐ **No lead hazards detected.**

Lead hazard evaluation was conducted following the procedures outlined in Title 17, California Code of Regulations, Division 1, Chapter 8. No lead hazards were detected.

☐ **Lead-based paint and/or lead hazards detected.**

Lead hazard evaluation was conducted following the procedures outlined in Title 17, California Code of Regulations, Division 1, Chapter 8. Lead-based paint and/or lead hazards were detected.

**Section 6—Individual Conducting Lead Hazard Evaluation**

Name	Telephone number (      )		
Address [number, street, apartment (if applicable)]	City	State	ZIP code
Brand name and serial number of any portable x-ray fluorescence (XRF) instrument used (if applicable)			

DHS certification number	Signature 	Date
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**Section 7—Attachments**

- A. A foundation diagram or sketch of the structure indicating the specific locations of each lead hazard or presence of lead-based paint;
- B. Each testing method, device, and sampling procedure used;
- C. All data collected, including quality control data, laboratory results, including laboratory name, address, and phone number.

*First copy and attachments retained by inspector**Second copy and attachments retained by owner*

*Third copy only (no attachments) mailed to:*  
Department of Health Services  
Childhood Lead Poisoning Prevention Branch  
Reports  
1515 Clay Street, No. 1801  
Oakland, CA 94612  
FAX (510) 622-5002